

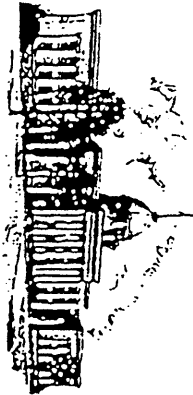
**B**

DUPLICATE

**BURIAL POLICY**

**SERVICE** INSURANCE COMPANY  
*of Alabama*

BIRMINGHAM, ALA.



PREMIUMS PAYABLE FOR  
15 YEARS

READ YOUR POLICY

AUTHORIZED UNDERTAKER

F-6-55.

**SCHEDULE**

DUPLICATE

NAME OF INSURED			BENEFICIARY			TYPE POLICY	
WILLIAMS FANNIE			VOID - SEE ENDORSEMENT WILLIAMS CURTIS T			F	
F	2341927	4      5      65	38	\$.28 WK	\$300.00	36	-20- 27
POLICY NUMBER		MO.      DAY      YR. DATE OF ISSUE	AGE*	(CENTS) WEEKLY PREMIUM	RETAIL VALUE (ADULTS)	DIST.	DEBIT

\*INSURED'S AGE NEXT BIRTHDAY

F-6-55

БИНКИНГІАНІ, АЛАБАМА

## PAID-UP POLICY CERTIFICATE...

DALE

17

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE			DISTRICT	AGENCY	AGE AT ISSUE	PREMIUM	DATE PAID TO			PAYMENT DATE		
			MO.	DAY	YR.					MO.	DAY	YR.	MO.	DAY	YR.
MCCONNELL FANNIE W	F	2341927	4	5	65	36	37	30	20	3	17	60	3	17	61

OVERPAYMENT OF PAYAL	2/2/8
22222222222222222222	2/2/8

NET OVERPAYMENT  
FOR WHICH A  
CHECK IS ENCLOSED

Ms. Fannie McDonnelly  
General Delivery  
Collinsville, AT 35961

THIS CERTIFICATE SHOULD BE  
ATTACHED TO THE POLICY  
IT DESCRIBES

• SEE REVERSE SIDE •

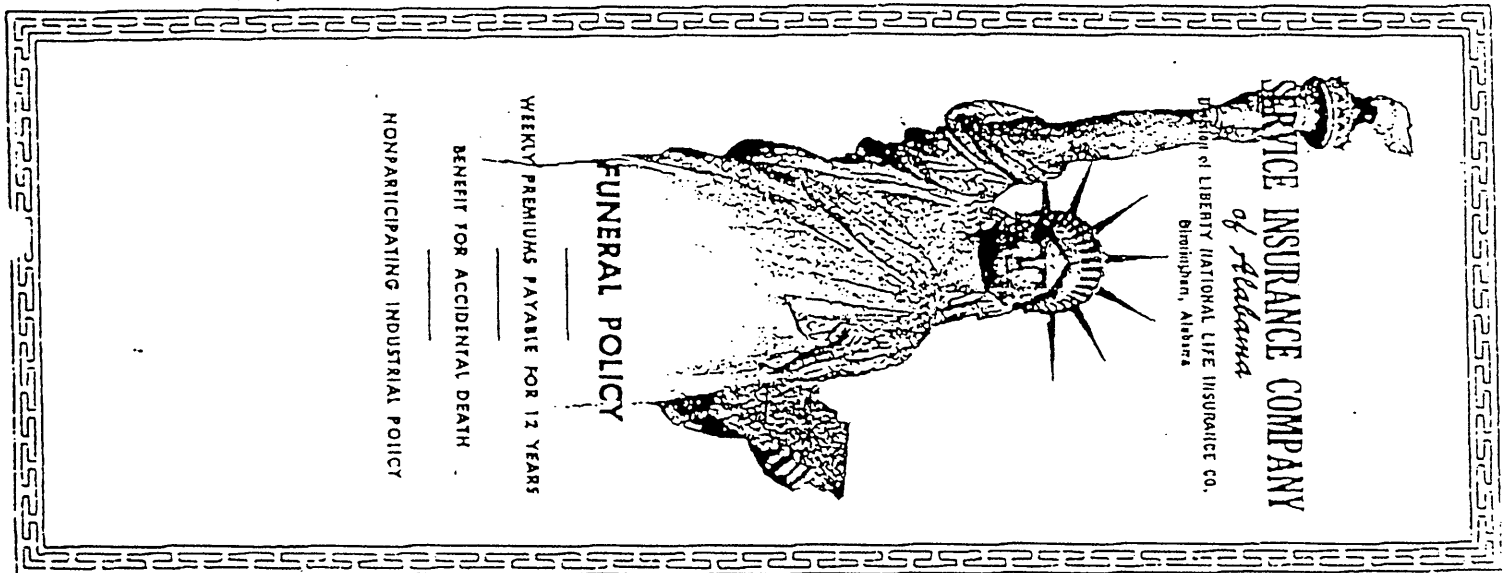
THIS IS TO CERTIFY THAT THE POLICY DESCRIBED  
"ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE  
PREMIUMS WILL BE DUE.

LIBERTY NATIONAL LIFE INSURANCE CO.

SECRETARY

SECRETARY

**C**



## SCHEDULE

NAME OF INSURED		BENEFICIARY		PREMIUMS PAYABLE	TYPE
WILLIAM SPENCER		WILLIAMS SPENCER		WK	330
14758551	11 24 69	42	036	\$300	<del>212</del> 36
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTS) WEEKLY PREMIUM	RETAIL VALUE*	DISTRICT AGENCY
					<del>15</del> 37

\*For death prior to age ten, the retail value is a reduced amount providing comparable benefits.

330-7.67-\$300

P. 12

295

6592 955 952 1

DEC-08-1999 09:25

## REGISTER OF CHANGE OF BENEFICIARY

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY
DATE 7-3-78		
NAME OF INSURED CHANGED TO Fannie W. McLaughlin		
LIBERTY NATIONAL LIFE INSURANCE CO.		
by <i>[Signature]</i> SECRETARY		
Approved by <i>[Signature]</i>		

Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_



**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
BIRMINGHAM, ALABAMA

**PAID-UP POLICY CERTIFICATE**

DATE PAID TO: ☐ LIFE ☐ R V ☐ CHECK

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE		DISTRICT	AGE AT ISSUE	PREMIUM	DATE PAID TO	
			MO.	DAY				MO.	DAY
MC CONNELL FANNIE W	330	14750551	11	24	69	36	25	36	11

OVERPAYMENT OR PREM. ☐ \*\* \*\* \*\* \*\*

THIS IS TO CERTIFY THAT THE POLICY ABOVE IS NOW PAID-UP FOR LIFE AND PREMIUMS WILL BE DUE.

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**

THIS CERTIFICATE SHOULD BE ATTACHED TO THE POLICY IT DESCRIBES

SEE REVERSE SIDE

441 E01047

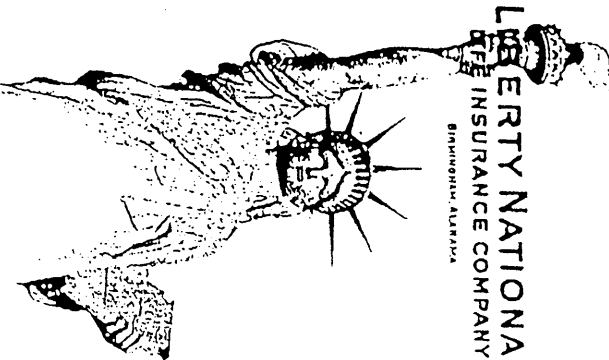
Fannie McConnell  
P.O. Box 208  
Collinsville, AL. 35961

**D**



DEC 01 09:09 AM WATSON, FEES, & JIMMERSON FAX NO. 1 256 538 2329 P. 15

**LIBERTY NATIONAL**  
LIFE INSURANCE COMPANY  
BIRMINGHAM, ALABAMA



**ACCIDENT POLICY**

BENEFIT FOR DEATH BY ACCIDENTAL MEANS  
BENEFIT FOR LOSS OF EYESIGHT OR LIMB  
BENEFIT FOR DEATH BY TRAVEL ACCIDENT  
PREMIUM PAYABLE UNTIL POLICY  
ANNIVERSARY IMMEDIATELY PRECEDING  
INSURED'S 70TH BIRTHDAY

THIS POLICY IS NONCANCELLABLE AND  
GUARANTEED RENEWABLE UNTIL THE  
POLICY ANNIVERSARY IMMEDIATELY  
PRECEDING INSURED'S 70TH  
BIRTHDAY

NONPARTICIPATING INDUSTRIAL POLICY

POLICY NUMBER		NAME OF INSURED		BENEFICIARY		DATE OF ISSUE		PREMIUM		AMOUNT OF INSURANCE		LAST PREMIUM PAYABLE		AGENCY		DISTRICT	
15153077		WILLIAM WOODS WATSON		WILLIAMS MITCHELL		5-15-1997		5.12 WEEKLY		52		5-15-1997		15		712	
Month	Day	Year	AGE														

\*\*Amount of insurance benefits shown on page one.

36-37

The following endorsement shall take effect only if the policy is in force as of

DATE 7-3-78

NAME OF INSURED CHANGED TO

Frankie W. McLawrence  
LIBERTY NATIONAL LIFE INSURANCE CO.

by L. R. Burleson

SECRETARY

Approved by W. H. B. [Signature]

52  
12  
104  
52  
12/624 (52 per month)  
60  
24

**ACCIDENT POLICY****LIBERTY NATIONAL  
LIFE INSURANCE COMPANY**

BIRMINGHAM, ALABAMA

**INSURANCE BENEFITS**—We, Liberty National Life Insurance Company, enter into this agreement with you, the insured named in the schedule on Page 4. Beginning with the date of issue shown in the schedule we insure you for the amounts shown in the table below if premiums are paid as provided under "Premiums." Terms used in the table are defined in the following paragraphs.

TABLE OF INSURANCE BENEFITS			
BENEFIT FOR	BENEFIT PAYABLE		
	First Policy Year	From Second Policy Year Until Policy Anniversary Preceding 65th Birthday	Thereafter Until Policy Anniversary Preceding 70th Birthday
Accidental Death	\$1,000	\$2,000	\$1,000
Death by Travel Accident	3,000	6,000	3,000
Loss of Eyesight	2,500	5,000	2,500
Loss of One Limb	1,000	2,000	1,000
Loss of Two or More Limbs	2,500	5,000	2,500
On the anniversary of the date of issue immediately preceding your 70th birthday this policy will terminate and cease to be in force.			

**ACCIDENTAL DEATH**—Accidental death means death which is caused solely and directly by accidental injury and occurs within 90 days of such injury. Accidental injury means bodily injury effected solely through external and accidental means. No benefit for accidental death will be payable if death results directly or indirectly from any disease, illness, or infirmity or medical or surgical treatment therefor or from any of the "Exclusions from Coverage" listed below or if a benefit is payable under the provisions relating to "Death by Travel Accident" or "Loss of Eyesight or Limb."

**DEATH BY TRAVEL ACCIDENT**—Death by travel accident means death for which the accidental death benefit would otherwise be payable but which results from injuries sustained while you are a fare-paying passenger in a streetcar, bus, taxicab, train, airplane, steamship, or other vehicle operated as a public conveyance by a licensed common carrier for the transportation of passengers, or while you are a passenger in a school bus which is being operated during the regular session of a recognized public or private school for the transportation of students to or from school or to or from any organized school extracurricular activity.

**LOSS OF EYESIGHT OR LIMB**—Loss of eyesight means the total and irrecoverable loss of the entire sight of both eyes. Loss of a limb means the loss of a hand or foot by severance. Any loss must be caused solely by disease or injuries sustained after the date of issue and you must survive the loss by at least 30 days. The maximum cumulative benefit payable under this provision is \$5,000.

The payment of any benefit under this provision shall terminate this Policy.

**EXCLUSIONS FROM COVERAGE**—This policy does not provide a benefit for any loss caused or contributed to by:

- (1) suicide while sane, or self-destruction or any attempt thereat while insane, or injuries intentionally inflicted upon yourself, whether sane or insane,
- (2) injuries intentionally inflicted upon you by any person unless such person was in the course of committing a robbery or burglary or an attempt thereat,
- (3) participating in an assault or felony,
- (4) operating or riding in or descending from any kind of aircraft of which you were the pilot, officer, or member of the crew, or in which you were giving or receiving training or instruction or had any duties,
- (5) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

Benefit for Death by Accidental Means

Benefit for Death by Travel Accident

Benefit for Loss of Eyesight or Limb

Premiums Payable Until Policy Anniversary Immediately Preceding Insured's 70th Birthday

This Policy Is Noncancellable and Guaranteed Renewable Until the Policy Anniversary Immediately Preceding Insured's 70th Birthday

**PREMIUMS**—The consideration for this policy is the payment of the premiums when they are due, and no insurance will become effective until the first premium has been paid. Premiums under this policy are payable either weekly or monthly as specified in the schedule on page 4 in the amount shown in the schedule. If premiums are payable weekly, they are due each Monday beginning with the date of issue; if payable monthly, they are due on the first of each month beginning with the date of issue. Premiums are payable until the policy anniversary immediately preceding the insured's 70th birthday. Premiums must be paid to one of our agents or to the cashier at one of our offices. If our agent does not call for any premium when it is due, payment of the premium is not excused, and in such case it is your responsibility to see that the payment is made at one of our offices.

**POLICY CONTROL**—If you are over 16 years of age, you have the entire ownership and control of this policy. If you are less than 16 years of age, the ownership and control of this policy will be vested in the beneficiary named herein from time to time until you reach your 16th birthday. In such case, if the beneficiary should die or cease to have custody and control of you, then ownership and control of this policy will be vested in the parent or legal guardian or other adult having custody and control of you. The ownership and control of this policy includes the right to change the beneficiary and to exercise all other privileges granted in this policy.

**ENTIRE CONTRACT**—This policy, including any endorsements and attached papers, is the entire contract between us. None of its provisions may be waived or changed except by written endorsement on this policy or on paper attached to this policy signed by the President, a Vice-President, the Secretary, an Assistant Vice-President, or an Assistant Secretary of the Company. No agent has authority to change this policy or to waive any of its provisions.

**INCONTESTABILITY**—After this policy has been in force for a period of two years during the lifetime of the insured, it shall become incontestable as to the statements contained in the application. No claim for loss incurred commencing after two years from the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage under this policy.

**GRACE PERIOD**—A grace period of 4 weeks (or 31 days if premiums payable monthly) will be granted for the payment of each premium falling due after the first premium during which period this policy shall continue in force.

**REINSTATEMENT**—If any renewal premium is not paid within the time granted to you for paying the same, a subsequent acceptance of all premiums due and unpaid for a period not exceeding 8 weeks prior thereto by us or by any agent duly authorized by us to accept such premiums, shall reinstate this policy; provided, however, that if such agent requires, or if we require an application for reinstatement and a conditional receipt for the premium tendered is issued by us or by our agent, this policy will be reinstated upon our approval of such application, or, upon the forty-fifth day following the date of such conditional receipt unless we have previously notified you in writing of our disapproval of such application. The reinstated policy shall cover only death or other loss covered by this policy resulting from such accidental injury as may be sustained after the date of reinstatement and loss due to such diseases which may begin more than 10 days after such date. In all other respects, you and we shall have the same rights as provided under this policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.

**NOTICE OF LOSS**—Written notice of loss must be given to us within thirty days after your accidental death or other loss covered by this policy; or as soon thereafter as is reasonably possible. Notice given to us by you or on your behalf or on behalf of the beneficiary at our Home Office in Birmingham, Alabama, or to one of our authorized agents, with information sufficient to identify you, shall be notice to us.

**CLAIM FORMS**—Upon receipt of notice of loss we will furnish to the claimant such forms as are usually furnished for filing claims. If such forms are not furnished within fifteen days after giving such notice, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in this policy for filing proofs of loss, written proof covering the occurrence, and the character of the death or loss for which claim is made.

**PROOF OF LOSS**—In the event of accidental death or death by travel accident written proof of loss must be furnished to us at our Home Office within 90 days after the date of such loss. In the event of loss of eyesight or limb written proof of loss must be furnished to us at our Home Office within one year after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**PAYMENT OF INSURANCE BENEFITS**—As soon as we receive due proof of loss covered by this policy we will immediately pay the benefit provided. Any benefit for loss of life will be paid to the beneficiary designated in this policy at the time of payment. If no such designation is then effective, or if the beneficiary does not survive you, such benefit will be paid to your estate. Any other accrued benefit unpaid at your death, may, at the option of the Company, be paid either to the beneficiary or to your estate. All other benefits provided by this policy will be paid to you.

**PHYSICAL EXAMINATIONS**—We shall have the right and opportunity, at our own expense, to examine your person when and as often as we may reasonably require during the pendency of a claim hereunder.

**LEGAL ACTION**—No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after written proof of loss required by this policy has been furnished. No such action shall be brought after the expiration of four years from the time written proof of loss is required to be furnished.

**BENEFICIARY**—The original beneficiary of this policy is named in the schedule on Page 4. You may change the beneficiary at any time by giving us written notice of the desired change and evidence satisfactory to us that the proposed beneficiary has an insurable interest in your life. No change of beneficiary will be effective until we have endorsed it on this policy.

**AGE LIMIT**—The insurance granted hereunder shall not cover any person over sixty years of age on the date of issue of this policy, unless we accept premiums with the knowledge that the person is over sixty years of age.

**MISSTATEMENT OF AGE**—Where there is a misstatement of your age as shown in the schedule on Page 4, the coverage provided by this policy shall not become effective if, according to your correct age, you were over 60 years of age on the date of issue. This policy shall terminate on the anniversary of the date of issue immediately preceding your 70th birthday. In the event your age has been misstated and if, according to your correct age, the coverage provided by this policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then the liability of the Company shall be limited to the refund, upon request, of all premiums paid for the period not covered by this policy.

If your age has been misstated, but if according to your correct age on the date of issue the coverage provided by this policy would have become effective, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age.

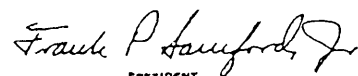
**OPTION TO SURRENDER**—If the provisions of this policy are not satisfactory, you may surrender it to us for cancellation within two weeks from the date of issue. If this is done, we will refund all premiums which have been paid on this policy.

**ASSIGNMENT**—You may not assign this policy or any of its benefits.

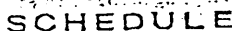
**CONFORMITY WITH STATE STATUTES**—Any provision of this policy which, on its date of issue, is in conflict with the statutes of the state in which you reside on such date is hereby amended to conform to the minimum requirements of such statutes.

*Signed at Birmingham, Alabama by the President and Secretary of Liberty National Life Insurance Company as of the date of issue shown in the schedule on Page 4.*

  
J. L. Burleson  
SECRETARY

  
Frank P. Sanford  
PRESIDENT

**E**



DATE OF ISSUE

If the named insured is under age 31 days at death, the Funeral Benefit will be one-half of the amount shown above.

**AUTHORIZED FUNERAL DIRECTOR**—We have entered into agreements with various Funeral Directors for the furnishing of funeral merchandise and service in return for the Funeral Benefit payable under this policy. Such Funeral Directors are referred to herein as "Authorized Funeral Directors." Wherever the term "Authorized Funeral Director" is used, it means a Funeral Director under contract with the Company. The names and addresses of all Authorized Funeral Directors are listed on the back of this policy.



M-3 ED 12-85



Fannie McConnell  
P. O. Box 208  
Collinsville, AL 35961

THIS CERTIFICATE SHOULD BE  
ATTACHED TO THE POLICY  
IT DESCRIBES

\*SEE REVERSE SIDE\*

THIS IS TO CERTIFY THAT THE POLICY DESCRIBED  
ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE  
PREMIUMS WILL BE DUE.

LIBERTY NATIONAL LIFE INSURANCE CO.  
*William E. Rowdy*  
SECRETARY

\*\*\*\*\* \*\*

LIBERTY NATIONAL LIFE INSURANCE COMPANY  
BIRMINGHAM, ALABAMA

**PAID-UP POLICY CERTIFICATE**

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE			DISTRICT	AGENT	AGE AT ISSUE	PREMIUM	DATE PAID TO			PAYOUT DATE		
			MO.	DAY	YR.					MO.	DAY	YR.	MO.	DAY	YR.
MCINNELL FANNIE W	32B	21460692	5	13	74	67	32	46	424	4	1	92	4	1	92

DATE 4/6/92



F

DUPLICATE

BURIAL POLICY

SERVICE of Alabama  
INSURANCE COMPANY

BIRMINGHAM, ALA.

PREMIUMS PAYABLE FOR  
15 YEARS

READ YOUR POLICY

AUTHORIZED UNDERTAKER

SCHEDULE

DUPLICATE

NAME OF INSURED		BENEFICIARY			TYPE POLICY	
WILLIAMS SPENCER		WILLIAMS FANNIE K			F F	
2341929	4 5 65	17	\$ .19 WK	\$300.00	36	20
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE*	(CENTS) WEEKLY PREMIUM	RETAIL VALUE (ADULTS)	DIST.	DCBIT

\*INSURED'S AGE NEXT BIRTHDAY

REGISTER OF CHANGE OF BENEFICIARY

2—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS BENEFICIARY

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

# SERVICE INSURANCE COMPANY of Alabama

Will upon receipt of satisfactory proof of the death of the Insured and the surrender of this Policy provide, subject to the terms and conditions of this Policy, a funeral for the Insured of the retail value shown in the schedule.

**CONSIDERATION**—This Policy is issued in consideration of payment in advance of the weekly premium stated in the schedule on the fourth page of this Policy on or before each Monday in every year during the lifetime of the Insured until premiums shall have been paid for fifteen years, or until prior death of the Insured. Provided, however, that if the Insured is 66 years of age or over the Premium Paying Period shall be as follows:

Age at Date of Issue.

Age 66 through age 70.	Premiums Payable for 12 Years
Age 71 through age 75.	Premiums Payable for 10 Years
Age 76 through age 80.	Premiums Payable for 8 Years
Age 81 through age 85.	Premiums Payable for 6 Years
Age 86 and over.	Premiums Payable for 5 Years

The amount on which reserve is maintained and computed under this Policy is 40% of the retail value stated in this Policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 40% of such retail value. Reserves shall be computed on the basis of the 1941 Standard Industrial Table of Mortality, Modified Preliminary Term, Illinois Standard, and interest at 3½% per annum.

**ALTERATION AND WAIVERS**—This Policy contains the entire agreement between the Company and the Insured. Its terms cannot be changed or its conditions varied, except by a written agreement, signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeitures, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether receipted or not, except as set forth in the "Reinstatement" provision herein.

**CONDITIONS AND PROVISIONS**—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

**PREMIUMS PAYABLE OTHER THAN WEEKLY**—The premium stated in the schedule of this Policy is a Weekly Premium. However, if an Annual Premium (52 weeks) is paid in advance at one time, such Annual Premium shall be calculated by multiplying the stated Weekly Premium by 46.8. If a Semi-Annual Premium (26 weeks) is paid in advance at one time, such Semi-Annual Premium shall be calculated by multiplying the Weekly Premium stated by 24.7.

**PREMIUM PAYING PERIOD**—The premium paying period shall begin with the date of issue and continue until premiums shall have been paid for the period stated in the above paragraph headed "Consideration."

**EFFECTIVE DATE**—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

**GRACE PERIOD**—A grace period of four weeks shall be granted for the payment of every premium after the first during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

**REINSTATEMENT**—If this Policy shall lapse for non-payment of premium, it may be reinstated upon written application of the Insured accompanied by this Policy within one year from the date to which premiums have been duly paid, upon payment of all arrears, provided evidence of insurability of the Insured, satisfactory to the Company, be furnished, and such reinstatement shall not be effective until the date on which approval thereof is endorsed by the Company on this Policy and unless the Insured is then alive and in sound health.

IN WITNESS WHEREOF, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing in the schedule on page four hereof.



*J. L. Burleson*  
SECRETARY

*[Signature]*  
PRESIDENT

BURIAL POLICY.  
PREMIUMS PAYABLE 15 YEARS.

WHEREVER IN THIS POLICY THE WORDS "RETAIL VALUE" ARE USED REFERENCE IS THEREBY MADE TO THE RETAIL PRICES OF THE COMPANY'S AUTHORIZED FUNERAL DIRECTORS

(1) The Company has contracted with and thereby appointed as an authorized funeral director the funeral director designated in this Policy and the Insured by the acceptance of this Policy confirms such appointment. Wherever the phrase "authorized funeral director" is used, it means a funeral director then under contract with this Company to furnish the merchandise and service at the time of the Insured's death.

(2) The provisions of this Policy relating to the providing of funeral merchandise and the rendering of funeral services are to be fulfilled by the Company through an authorized funeral director only and are not to be construed as implying that such funeral merchandise and funeral service will be furnished by anyone except an authorized funeral director.

(3) The authorized funeral director has contracted to keep on display at all times the funeral merchandise stipulated in and provided by this Policy and the selection of same may be made by the Insured hereunder, the beneficiary or by any other person having the authority.

**(4) BENEFITS WHERE DEATH OCCURS WITHIN THIRTY-FIVE MILES OF AN AUTHORIZED FUNERAL DIRECTOR.**

If death occurs within thirty-five miles of an authorized funeral director the Company will through the facilities and in the manner referred to above, provide a funeral for the Insured of the retail value stipulated herein consisting of a casket, merchandise, and services as follows:

- (A) If the Insured is twelve years of age or older at death, a funeral of the retail value of \$300, and if the insured is under the age of twelve years at death, a funeral of the retail value proportionate to the age of the deceased insured;
- (B) A place where funeral, memorial, or other services may be held and such assistance as is proper in conducting the funeral; such services to be conducted either at the church, funeral parlor, home of the deceased, or other place designated by the beneficiary or other person having the authority;
- (C) Embalming of body, suit or dress, use of one family car, and hearse service for the body to the cemetery, if desired, provided burial is within thirty-five (35) miles of place of death, or, if burial is not desired within the said thirty-five (35) miles the Company will convey the body to the depot and pay actual railway transportation thereon to any point within the United States;
- (D) In the event the body is shipped to a point served by an authorized funeral director the Company will through such authorized funeral director furnish hearse service for a distance not to exceed thirty-five (35) miles from such point.

If the services of the authorized funeral director are not used, then the sole liability of the Company is limited to furnishing through its authorized funeral director of the casket stipulated above in this Paragraph No. (4).

The Company will through the facilities and in the manner referred to above provide for a stillborn child, or a child under the age of four weeks, who dies within thirty-five (35) miles of an authorized funeral director a casket of the retail value of \$15 provided both parents are insured under burial policies with the Company and that such policies are in full force and effect at the date of such birth or death.

**(5) BENEFITS WHERE DEATH OCCURS MORE THAN THIRTY-FIVE MILES FROM AN AUTHORIZED FUNERAL DIRECTOR.**

If the death of the Insured occurs more than thirty-five (35) miles from an authorized funeral director, the Company will, in lieu of the benefits set out in Paragraph No. (4) and upon receipt of due proof of the death of the insured, pay to its Home Office in Birmingham, Alabama, to the beneficiary named herein or to the person making arrangements or and becoming obligated to pay the burial expenses of the deceased insured, the sum of \$137.50 in cash if the Insured is over one year of age, and if the Insured is under the age of one year, the sum of \$68.75 in cash.

(6) **POLICY CONTROL**—If the Insured hereunder is a minor, during the minority of such Insured, the right to change the beneficiary and exercise all of the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the Insured, then such rights shall be vested in the surviving parent of the Insured, or in the legal guardian of the Insured, or in any adult having the custody and control of said minor. After the Insured becomes of age, the entire ownership and control of this Policy shall be vested in the insured.

(7) **CHANGE OF BENEFICIARY**—The beneficiary under this Policy may be changed from time to time by the person entitled to exercise the Policy Control. Such change shall become operative only when this Policy, accompanied by such form of request as the Company may require, has been surrendered to the Company at its Home Office and the company has endorsed the change of beneficiary on this Policy.

(8) **PAYMENT OF PREMIUM**—All premiums are payable at the Home Office of the Company weekly in advance, but may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on the Policy will not be an excuse for non-payment as the Insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(9) **ASSIGNMENT**—Neither this Policy, nor any benefit hereunder can be assigned.

**(10) NON-FORFEITURE BENEFITS**

**Extended Insurance**—In the event this Policy lapses after premiums have been paid for the respective periods shown in the table below this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in such table and from the due date of the first premium in default.

**Cash Surrender Value**—After this Policy has been in force with premiums paid for the respective periods shown in the table below, the Insured may, by making written application and surrendering this Policy to the Company, obtain Cash Surrender Value. If the application therefor is made within thirteen weeks of the due date of the first premium in default, the amount of such Cash Surrender Value shall be as set out in the table below; otherwise the amount shall be the equivalent of the reserve on the Extended Insurance at the date application therefor is made. The Company may defer the payment of any Cash Surrender Value for the period permitted by law, but not to exceed thirteen weeks from the date application therefor is received by the Company.

### TABLE OF NON-FORFEITURE BENEFITS

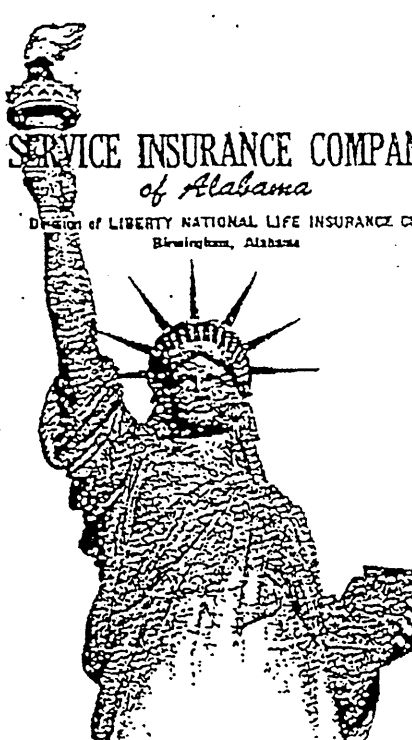
No. of Yrs. Premium Paid*	5 YEARS		6 YEARS		7 YEARS		8 YEARS		9 YEARS		10 YEARS		11 YEARS		12 YEARS		13 YEARS		14 YEARS		15 YEARS		
	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	Extended Insurance Mon. A	Cash Value	
1	37	5	39	5	107	5	140	11	192	11	206	11	250	418	112	4	21	412	3	24	501	3	21
2	40	5	46	5	112	5	151	11	219	13	251	16	300	471	137	21	421	21	421	21	421	21	421
3	59	5	51	7	134	9	171	12	234	14	272	17	320	19	374	22	443	25	457	25	457	25	457
4	71	6	61	8	150	10	192	13	252	15	291	17	340	20	397	25	453	25	453	25	453	25	453
5	85	6	74	9	166	10	210	13	262	14	310	18	354	20	410	25	462	25	462	25	462	25	462
6	102	7	90	10	176	11	225	15	273	16	323	18	368	21	417	24	473	27	473	27	473	27	473
7	107	7	107	9	190	12	240	16	284	17	335	19	377	21	423	24	473	27	473	27	473	27	473
8	109	7	109	9	192	12	244	16	284	17	335	19	377	21	423	24	473	27	473	27	473	27	473
9	111	7	102	10	194	12	248	16	284	17	335	19	377	21	423	24	473	27	473	27	473	27	473
10	113	7	106	10	199	12	254	15	284	17	335	19	377	21	423	24	473	27	473	27	473	27	473
11	113	7	107	10	199	12	254	15	284	17	335	19	377	21	423	24	473	27	473	27	473	27	473
12	113	7	107	10	199	12	254	15	284	17	335	19	377	21	423	24	473	27	473	27	473	27	473
13	117	8	108	10	194	12	252	15	271	18	314	21	355	21	391	27	423	30	472	30	472	30	472
14	118	8	108	10	189	12	228	15	269	18	309	21	342	21	386	27	425	30	474	30	474	30	474
15	116	8	110	11	185	13	223	16	263	19	302	22	342	25	381	28	418	31	456	31	456	31	456
16	112	8	115	11	181	13	219	16	259	19	299	22	335	25	373	28	410	32	410	32	410	32	410
17	108	8	111	11	170	14	215	16	254	19	293	22	330	26	363	29	402	32	410	32	410	32	410
18	105	9	123	11	174	14	212	17	250	19	288	22	325	26	358	29	402	32	410	32	410	32	410
19	105	9	123	11	171	14	208	17	247	20	282	23	319	27	351	30	388	31	421	31	421	31	421
20	100	9	133	12	163	15	204	17	243	21	279	24	313	27	316	31	369	34	417	34	417	34	417
21	98	9	131	12	163	15	203	18	239	21	278	24	312	27	315	31	368	34	416	34	416	34	416
22	96	9	130	12	162	15	202	18	238	21	277	24	311	27	314	31	367	34	415	34	415	34	415
23	94	10	129	12	163	15	198	17	232	22	265	26	297	29	327	33	369	36	394	36	394	36	394
24	95	10	128	13	162	16	195	17	230	22	268	26	299	29	328	33	370	37	387	37	387	37	387
25	95	10	127	13	160	16	194	17	226	23	257	26	288	29	315	34	344	38	378	38	378	38	378
26	94	10	126	13	159	16	191	20	221	23	251	27	280	31	308	35	337	39	369	39	369	39	369
27	94	10	125	13	157	17	188	20	220	23	247	27	275	31	301	35	329	40	361	40	361	40	361
28	93	11	123	14	155	17	185	21	215	24	248	28	268	32	296	36	321	40	351	40	351	40	351
29	93	11	122	14	153	18	184	21	211	24	245	28	265	33	297	37	311	41	345	41	345	41	345
30	93	11	122	14	152	18	184	22	207	25	232	29	257	32	282	36	308	42	338	42	338	42	338
31	93	11	121	15	150	18	177	22	202	26	228	30	251	31	285	37	301	43	329	43	329	43	329
32	92	12	119	15	148	19	174	23	199	27	222	31	245	32	288	39	293	44	322	44	322	44	322
33	92	12	119	15	143	19	171	23	194	27	217	31	239	36	282	40	285	45	319	45	319	45	319
34	90	12	117	16	142	20	167	24	191	28	212	32	233	37	285	41	277	46	306	46	306	46	306
35	90	12	115	16	140	20	164	24	185	28	206	32	227	37	276	42	270	47	297	47	297	47	297
36	88	13	113	17	139	21	160	25	181	29	201	34	221	38	240	43	262	48	290	48	290	48	290
37	87	13	112	17	134	21	156	26	176	30	195	34	214	39	233	44	255	49	281	49	281	49	281
38	87	13	109	17	131	22	153	26	171	30	190	35	208	40	227	45	246	51	271	51	271	51	271
39	84	14	106	18	128	23	148	27	168	31	181	36	201	41	220	46	239	52	264	52	264	52	264
40	82	14	104	18	124	23	143	27	161	32	178	37	194	42	212	47	232	53	267	53	267	53	267
41	81	14	101	19	121	23	139	28	156	32	176	38	183	43	205	48	224	54	260	54	260	54	260
42	79	15	98	19	117	24	135	28	151	32	167	38	182	44	201	49	217	55	257	55	257	55	257
43	77	15	96	20	113	24	130	29	145	34	160	39	176	45	191	50	210	56	252	56	252	56	252
44	74	16	92	20	109	24	125	30	140	35	154	40	169	46	184	51	202	57	245	57	245	57	245
45	71	16	89	20	105	25	120	30	134	35	147	41	162	47	177	52	194	58	241	58	241	58	241
46	69	16	86	21	102	26	116	31	129	36	142	42	156	48	170	53	186	60	236	60	236	60	236
47	68	16	83	21	97	26	110	32	124	37	137	43	149	48	163	54	179	61	231	61	231	61	231
48	65	17	79	22	93	27	106	32	117	38	131	43	143	49	157	55	172	62	225	62	225	62	225
49	62	17	76	22	89	27	102	33	113	39	125	43	137	49	149	56	165	64	218	64	218	64	218
50	59	17	73	23	86	28	97	33	108	39	119	45	142	51	142	57	157	65	213	65	213	65	213
51	57	18	69	23	81	28	92	34	104	40	117	46	134	52	138	58	150	67	206	67	206	67	206
52	54	18	67	23	77	28	88	34	98	40	113	46	128	52	136	59	144	68	202	68	202	68	202
53	51	18	63	24	74	29	84	36	93	41	108	47	112	51	132	60	134	67	197	67	197	67	197
54	49	19	59	24	69	30	79	36	88	42	97	48	106	54	116	61	129	68	188	68	188	68	188
55	46	19	57	24	66	30	76	36	85	42	92	48	100	56	110	62	122	69	180	69	180	69	180
56	44	19	53	25	62	31	70	37	78	43	86	49	95	56	104	62	116	70	173	70	173	70	173
57	41	19	50	25	59	31	67	37	74	43	81	49	89	56	98	63	109	71	167	71	167	71	167
58	39	20	47	26	56	32	64	37	71	43	78	50	84	57	92	64	101	72	160	72	160	72	160
59	36	20	44	26	51	32	59	38	65	44	71	51	78	58	86	65	97	73	153	73	153	73	153
60	34	20	41	26	48	32	54	38	60	45	67	51	73	59	81	66	91	73	149	73	149	73	149
61	32	20	39	26	45	32	50	38	57	45	62	51	68	58	76	66	85	74	140	74	140	74	140
62	30	20	36	26	41	34	47	39	52	46	58	52	61	59	70	66	78	74	137	74	137	74	137
63	28	21	33	27	39	34	44	39	49	46	55	52	59	59	65	67	74	75	134	75	134	75	134
64	26	21	31	27	37	33	41	39	46	45	53	51	56	57	63	65	71	76	131	76	131	76	131
65	24	21	29	27	35	33	39	39	43	43	50	48	52	54	60	62	67	71	128	76	128	76	128
66	22	21	27	27	33	33	37	37	41	41	48	46	50	52	58	60	64	68	125	77	125	77	125
67	21	21	25	27	31	33	35	3															

\* Premium must have been paid on this Policy for the number of years indicated in the first line of the foregoing table to obtain the benefits indicated. See paragraph



**G**





**SERVICE INSURANCE COMPANY**  
*of Alabama*  
 Division of LIBERTY NATIONAL LIFE INSURANCE CO.  
 Birmingham, Alabama

**FUNERAL POLICY**

WEEKLY PREMIUMS PAYABLE FOR 12 YEARS

BENEFIT FOR ACCIDENTAL DEATH

NONPARTICIPATING INDUSTRIAL POLICY

## SCHEDULE

NAME OF INSURED	BENEFICIARY	PREMIUM PAYABLE		TYPE
		WK		
WILLIAMS SPENCER	WILLIAMS FANNIE	WK		330
14750553	11 24 69	21	023	15
	MO. DAY YR.	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTS) WEEKLY PREMIUM	
POLICY NUMBER	DATE OF ISSUE		RETAIL VALUE	DISTRICT AGENCY
			\$300	

death prior to age ten, the retail value is a reduced amount providing comparable benefits.

LIBERTY NATIONAL LIFE INSURANCE COMPANY  
BIRMINGHAM, ALABAMA

## PAID-UP POLICY CERTIFICATE

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE		BIRTH DATE	AGE	LOI	DATE PAID TO	DATE PAID TO		DATE PAID TO
			MO.	DAY					MO.	DAY	
HIS NEXT A	330	24758884	11	24	08	30	25	13	18	11	08

NET OVERPAYMENT  
FOR WHICH A  
CHECK IS ENCLOSED

THIS IS TO CERTIFY THAT THE POLICY DESCRIBED  
ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE  
PREMIUMS WILL BE DUE.

LIBERTY NATIONAL LIFE INSURANCE CO.

THIS CERTIFICATE SHOULD BE  
ATTACHED TO THE POLICY  
IT DESCRIBES

• SEC. REVERSE SIDE •

SECRETARY

*Joseph A. Kaul*

H



SCHEDULE										
POLICY NUMBER		NAME OF INSURED			BENEFICIARY		TYPE			
							596/890			
Month Day Year		AGE			PREMIUM		AMOUNT OF INSURANCE		Month Day Year	AGENCY DISTRICT
DATE OF ISSUE									LAST PREMIUM PAYABLE	

Amount of insurance benefits shown on page one





F-6-55

AUTHORIZED UNDERTAKER

READ YOUR POLICY

PREMIUMS PAYABLE FOR  
11 YEARS

BIRMINGHAM, ALA.

SERVICE INSURANCE COMPANY  
of Alabama

BURIAL POLICY

SCHEDULE

DUPLICATE

NAME OF INSURED		BENEFICIARY		TYPE POLICY	
WILLIAMS NETA A		WILLIAMS FANNIE K		F	
2341930	4 5 68	9	\$ .16	\$300.00	36 20
POLICY NUMBER	MO. DAY YRL DATE OF ISSUE	AGE	(CENTS) WEEKLY PREMIUM	RETAIL VALUE (ADULTS)	DEBT. DEBT

INSURED'S AGE NEXT BIRTHDAY

REGISTER OF CHANGE OF BENEFICIARY

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

# SERVICE INSURANCE COMPANY of Alabama

Will upon receipt of satisfactory proof of the death of the Insured and the surrender of this Policy provide, subject to the terms and conditions of this Policy, a funeral for the Insured of the retail value shown in the schedule.

**CONSIDERATION**—This Policy is issued in consideration of payment in advance of the weekly premium stated in the schedule on the fourth page of this Policy on or before each Monday in every year during the lifetime of the Insured until premiums shall have been paid for fifteen years, or until prior death of the Insured. Provided, however, that if the Insured is 65 years of age or over, the Premium Paying Period shall be as follows:

**Age at Date of Issue.**

Age 66 through age 70	Premiums Payable for 12 Years
Age 71 through age 75	Premiums Payable for 10 Years
Age 76 through age 80	Premiums Payable for 8 Years
Age 81 through age 85	Premiums Payable for 6 Years
Age 86 and over	Premiums Payable for 5 Years

The amount on which reserve is maintained and computed under this Policy is 40% of the retail value stated in this Policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 40% of such retail value. Reserves shall be computed on the basis of the 1941 Standard Industrial Table of Mortality, Modified Preliminary Term, Illinois Standard, and interest at 3 1/4% per annum.

**ALTERATION AND WAIVERS**—This Policy contains the entire agreement between the Company and the Insured. Its terms cannot be changed or its conditions varied, except by a written agreement, signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeitures, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether receipted or not, except as set forth in the "Reinstatement" provision herein.

**CONDITIONS AND PROVISIONS**—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

**PREMIUMS PAYABLE OTHER THAN WEEKLY**—The premium stated in the schedule of this Policy is a Weekly Premium. However, if an Annual Premium (52 weeks) is paid in advance at one time, such Annual Premium shall be calculated by multiplying the stated Weekly Premium by 46.8. If a Semi-Annual Premium (26 weeks) is paid in advance at one time, such Semi-Annual Premium shall be calculated by multiplying the Weekly Premium stated by 24.7.

**PREMIUM PAYING PERIOD**—The premium paying period shall begin with the date of issue and continue until premiums shall have been paid for the period stated in the above paragraph headed "Consideration."

**EFFECTIVE DATE**—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

**GRACE PERIOD**—A grace period of four weeks shall be granted for the payment of every premium after the first during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

**REINSTATEMENT**—If this Policy shall lapse for non-payment of premium, it may be reinstated upon written application of the Insured accompanied by this Policy within one year from the date to which premiums have been duly paid, upon payment of all arrears, provided evidence of insurability of the Insured, satisfactory to the Company, be furnished, and such reinstatement shall not be effective until the date on which approval thereof is endorsed by the Company on this Policy and unless the Insured is then alive and in sound health.

**IN WITNESS WHEREOF**, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing in the schedule on page four hereof.



*J. L. Burleson*  
SECRETARY

*[Signature]*  
PRESIDENT

BURIAL POLICY.  
PREMIUMS PAYABLE 15 YEARS.



WHEREVER IN THIS POLICY THE WORDS "RETAIL VALUE" ARE USED REFERENCE IS THEREBY MADE TO THE RETAIL PRICES OF THE COMPANY'S AUTHORIZED FUNERAL DIRECTORS.

(1) The Company has contracted with and thereby appointed as an authorized funeral director the funeral director designated in this Policy and the Insured by the acceptance of this Policy confirms such appointment. Wherever the phrase "authorized funeral director" is used, it means a funeral director then under contract with this Company to furnish the merchandise and service at the time of the Insured's death.

(2) The provisions of this Policy relating to the providing of funeral merchandise and the rendering of funeral services are to be fulfilled by the Company through an authorized funeral director only and are not to be construed as implying that such funeral merchandise and funeral service will be furnished by anyone except an authorized funeral director.

(3) The authorized funeral director has contracted to keep on display at all times the funeral merchandise stipulated in and provided by this Policy and the selection of same may be made by the Insured hereunder, the beneficiary or by any other person having the authority.

(4) **BENEFITS WHERE DEATH OCCURS WITHIN THIRTY-FIVE MILES OF AN AUTHORIZED FUNERAL DIRECTOR.**

If death occurs within thirty-five miles of an authorized funeral director the Company will through the facilities and in the manner referred to above, provide a funeral for the Insured of the retail value stipulated hereto consisting of a casket, merchandise, and services as follows:

- (A) If the Insured is twelve years of age or older at death, a funeral of the retail value of \$300, and if the Insured is under the age of twelve years at death, a funeral of the retail value proportionate to the age of the deceased Insured;
- (B) A place where funeral, memorial, or other services may be held and such assistance as is proper in conducting the funeral; such services to be conducted either at the church, funeral parlor, home of the deceased, or other place designated by the beneficiary or other person having the authority;
- (C) Embalming of body, suit or dress, use of one family car, and hearse service for the body to the cemetery, if desired, provided burial is within thirty-five (35) miles of place of death, or, if burial is not desired within the said thirty-five (35) miles the Company will convey the body to the depot and pay actual railway transportation thereon to any point within the United States;
- (D) In the event the body is shipped to a point served by an authorized funeral director the Company will through such authorized funeral director furnish hearse service for a distance not to exceed thirty-five (35) miles from such point.

If the services of the authorized funeral director are not used, then the sole liability of the Company is limited to the furnishing through its authorized funeral director of the casket stipulated above in this Paragraph No. (4).

The Company will through the facilities and in the manner referred to above provide for a stillborn child, or a child under the age of four weeks, who dies within thirty-five (35) miles of an authorized funeral director a casket of the retail value of \$15 provided both parents are insured under burial policies with the Company and that such policies are in full force and effect at the date of such birth or death.

(5) **BENEFITS WHERE DEATH OCCURS MORE THAN THIRTY-FIVE MILES FROM AN AUTHORIZED FUNERAL DIRECTOR.**

If the death of the Insured occurs more than thirty-five (35) miles from an authorized funeral director, the Company will, in lieu of the benefits set out in Paragraph No. (4) and upon receipt of due proof of the death of the Insured, pay at its Home Office in Birmingham, Alabama, to the beneficiary named herein or to the person making arrangements for and becoming obligated to pay the burial expenses of the deceased Insured, the sum of \$137.50 in cash if the Insured is over one year of age, and if the Insured is under the age of one year, the sum of \$68.75 in cash.

(6) **POLICY CONTROL**—If the Insured hereunder is a minor, during the minority of such Insured, the right to change the beneficiary and exercise all of the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the Insured, then such rights shall be vested in the surviving parent of the Insured, or in the legal guardian of the Insured, or in any adult having the custody and control of said minor. After the Insured becomes of age, the entire ownership and control of this Policy shall be vested in the Insured.

(7) **CHANGE OF BENEFICIARY**—The beneficiary under this Policy may be changed from time to time by the person entitled to exercise the Policy Control. Such change shall become operative only when this Policy, accompanied by such form of request as the Company may require, has been surrendered to the Company at its Home Office and the Company has endorsed the change of beneficiary on this Policy.

(8) **PAYMENT OF PREMIUM**—All premiums are payable at the Home Office of the Company weekly in advance, but may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on the Policy will not be an excuse for non-payment as the Insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(9) **ASSIGNMENT**—Neither this Policy, nor any benefit hereunder can be assigned.

(10) **NON-FORFEITURE BENEFITS**

**Extended Insurance**—In the event this Policy lapses after premiums have been paid for the respective periods shown in the table below this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in such table and from the due date of the first premium in default.

**Cash Surrender Value**—After this Policy has been in force with premiums paid for the respective periods shown in the table below, the Insured may, by making written application and surrendering this Policy to the Company, obtain a Cash Surrender Value. If the application therefor is made within thirteen weeks of the due date of the first premium in default, the amount of such Cash Surrender Value shall be as set out in the table below; otherwise the amount shall be the equivalent of the reserve on the Extended Insurance at the date application therefor is made. The Company may defer the payment of any Cash Surrender Value for the period permitted by law, but not to exceed thirteen weeks from the date application therefor is received by the Company.

## TABLE OF NON-FORFEITURE BENEFITS

Age at Issue	5 YEARS		6 YEARS		7 YEARS		8 YEARS		9 YEARS		10 YEARS		11 YEARS		12 YEARS		13 YEARS		14 YEARS		15 YEARS		16 YEARS		17 YEARS		18 YEARS		19 YEARS		20 YEARS		21 YEARS		22 YEARS		23 YEARS		24 YEARS		25 YEARS		26 YEARS		27 YEARS		28 YEARS		29 YEARS		30 YEARS		31 YEARS		32 YEARS		33 YEARS		34 YEARS		35 YEARS		36 YEARS		37 YEARS		38 YEARS		39 YEARS		40 YEARS		41 YEARS		42 YEARS		43 YEARS		44 YEARS		45 YEARS		46 YEARS		47 YEARS		48 YEARS		49 YEARS		50 YEARS		51 YEARS		52 YEARS		53 YEARS		54 YEARS		55 YEARS		56 YEARS		57 YEARS		58 YEARS		59 YEARS		60 YEARS		61 YEARS		62 YEARS		63 YEARS		64 YEARS		65 YEARS		66 YEARS		67 YEARS		68 YEARS		69 YEARS		70 YEARS		71 YEARS		72 YEARS		73 YEARS		74 YEARS		75 YEARS		76 YEARS		77 YEARS		78 YEARS		79 YEARS		80 YEARS		81 YEARS		82 YEARS		83 YEARS		84 YEARS		85 YEARS		86 YEARS		87 YEARS		88 YEARS		89 YEARS		90 YEARS		91 YEARS		92 YEARS		93 YEARS		94 YEARS		95 YEARS		96 YEARS		97 YEARS		98 YEARS		99 YEARS		100 YEARS		101 YEARS		102 YEARS		103 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YEARS		559 YEARS		560 YEARS		561 YEARS		562 YEARS		563 YEARS		564 YEARS		565 YEARS		566 YEARS		567 YEARS		568 YEARS		569 YEARS		570 YEARS		571 YEARS		572 YEARS		573 YEARS		574 YEARS		575 YEARS		576 YEARS		577 YEARS		578 YEARS		579 YEARS		580 YEARS		581 YEARS		582 YEARS		583 YEARS		584 YEARS		585 YEARS		586 YEARS		587 YEARS		588 YEARS		589 YEARS		590 YEARS		591 YEARS		592 YEARS		593 YEARS		594 YEARS		595 YEARS		596 YEARS		597 YEARS		598 YEARS		599 YEARS		600 YEARS		601 YEARS		602 YEARS		603 YEARS		604 YEARS		605 YEARS		606 YEARS		607 YEARS		608 YEARS		609 YEARS		610 YEARS		611 YEARS		612 YEARS		613 YEARS		614 YEARS		615 YEARS		616 YEARS		617 YEARS		618 YEARS		619 YEARS		620 YEARS		621 YEARS		622 YEARS		623 YEARS		624 YEARS		625 YEARS		626 YEARS		627 YEARS		628 YEARS		629 YEARS		630 YEARS		631 YEARS		632 YEARS		633 YEARS		634 YEARS		635 YEARS		636 YEARS		637 YEARS		638 YEARS		639 YEARS		640 YEARS		641 YEARS		642 YEARS		643 YEARS		644 YEARS		645 YEARS		646 YEARS		647 YEARS		648 YEARS		649 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YEARS		1012 YEARS		1013 YEARS		1014 YEARS		1015 YEARS		1016 YEARS		1017 YEARS		1018 YEARS		1019 YEARS		1020 YEARS		1021 YEARS		1022 YEARS		1023 YEARS		1024 YEARS		1025 YEARS		1026 YEARS		1027 YEARS		1028 YEARS		1029 YEARS		1030 YEARS		1031 YEARS		1032 YEARS		1033 YEARS		1034 YEARS		1035 YEARS		1036 YEARS		1037 YEARS		1038 YEARS		1039 YEARS		1040	
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**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
BIRMINGHAM, ALABAMA

**PAID-UP POLICY CERTIFICATE**

DATE 11 23 81

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE			DISTRICT	AGENCY	AGE	PREMIUM	DATE PAID TO			PAYOFF DATE		
			MO.	DAY	YR.					MO.	DAY	YR.	MO.	DAY	YR.
WILLIAMS NETA A	330	14788583	11	24	69	36	26	13	18	11	9	01	11	9	01

NET OVERPAYMENT FOR WHICH A CHECK IS ENCLOSED

OVERPAYMENT OF PREMIUM

THIS IS TO CERTIFY THAT THE POLICY DESCRIBED ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE PREMIUMS WILL BE DUE.

LIBERTY NATIONAL LIFE INSURANCE CO.

*Joseph A. Kneavel*  
SECRETARY

THIS CERTIFICATE SHOULD BE ATTACHED TO THE POLICY IT DESCRIBES

\* SEE REVERSE SIDE \*

MAILED 10-67

J

14/19

**SERVICE INSURANCE COMPANY**  
*of Alabama*  
DIVISION OF LIBERTY NATIONAL LIFE INSURANCE CO.  
Birmingham, Alabama

**FUNERAL POLICY**

WEEKLY PREMIUMS PAYABLE FOR 12 YEARS  
BENEFIT FOR ACCIDENTAL DEATH  
NONPARTICIPATING INDUSTRIAL POLICY

330-7-67-\$300

## SCHEDULE

NAME OF INSURED		BENEFICIARY		PREMIUMS PAYABLE	TYPE
WILLIAMS NETA A		WILLIAMS FANNIE		WK	330
14758555	11 24 69	13	018	\$300	15
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTS) WEEKLY PREMIUM	RETAIL VALUE	DISTRICT AGENCY

\*For death prior to age ten, the retail value is a reduced amount providing comparable benefits.

## REGISTER OF CHANGE OF BENEFICIARY

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.



# SERVICE INSURANCE COMPANY

## *of Alabama*

DIVISION OF LIBERTY NATIONAL LIFE INSURANCE COMPANY

**INSURANCE AGREEMENT**—Subject to the terms and conditions of this policy we insure your life for the purpose of providing at your death the funeral benefit described below. This insurance is effective on the date of issue shown in the schedule on Page 4 if you are in good health on that date and if premiums are paid as provided under "Premiums".

**AUTHORIZED FUNERAL DIRECTOR**—We have authorized various funeral directors throughout Alabama to furnish the funeral benefit provided by this policy, and such benefit is to be furnished only by an authorized funeral director. As used in this policy "Authorized Funeral Director" means a funeral director authorized by us at the time of your death. "Retail Value", as used in this policy, refers to the retail prices charged by authorized funeral directors. We will furnish you upon request the names and addresses of all authorized funeral directors.

**FUNERAL BENEFIT**—If your death occurs within the State of Alabama and within 35 miles of an authorized funeral director, we will provide for you, through an authorized funeral director, a funeral of the retail value of \$300 (or in the event your death occurs prior to your tenth birthday, a funeral of a reduced retail value providing comparable benefits). The funeral shall include the following:

- Casket and suit or dress.
- Transportation of remains to funeral home (not to exceed 35 miles).
- Embalming and preparation of remains.
- Use of funeral parlor.
- A place where the funeral service may be held.
- Assistance in conducting the funeral service.
- Use of funeral coach for transportation of remains to church, home, cemetery, railway station, or other point within 35 miles of funeral home.
- Railway transportation of remains to any point within the continental United States (not including Alaska or Hawaii).
- In the event remains are shipped to a point served by an authorized funeral director, funeral coach service by such funeral director for a distance not to exceed 35 miles from such point.

Neither we nor any authorized funeral director shall be liable for any expense in connection with merchandise or service furnished by anyone other than an authorized funeral director. If the services of an authorized funeral director are not used, our sole liability under this provision shall be to furnish the casket called for in this provision.

If at your death you are insured by the company under another burial policy providing for a funeral of the retail value of \$250 or \$300, we will in lieu of furnishing the funeral benefit specified in this policy and the other policy, furnish for you a funeral of the retail value of \$600 including a metal casket.

**BENEFIT WHERE FUNERAL BENEFIT NOT AVAILABLE**—If your death occurs outside the State of Alabama or more than 35 miles from an authorized funeral director, we will pay a cash benefit of \$150 (\$75 if your death occurs before your first birthday) in lieu of the funeral benefit.

In such case payment may be made to the beneficiary, or to your executor or administrator, or to any relative of yours by blood or legal adoption or connection by marriage, or to any person appearing to us to be equitably entitled to payment by reason of having incurred expense for your maintenance, medical attention, or burial.

**PREMIUMS**—The consideration for this policy is the payment of the premiums when they are due, and no insurance will become effective until the first premium has been paid. The amount of the weekly premium is shown in the schedule on Page 4. This premium is due each Monday beginning with the date of issue and continuing for a period of twelve years. Premiums must be paid to one of our agents or to the cashier at one of our offices. If our agent does not call for any premium when it is due, payment of the premium is not excused, and in such case it is your responsibility to see that payment is made at one of our offices.

**GRACE PERIOD**—If any premium is not paid within 4 weeks of the date when it is due, this policy will lapse and cease to be in force except as provided under "Extended Insurance".

### FUNERAL POLICY

Weekly Premiums Payable for 12 Years

Benefit for Accidental Death

NONPARTICIPATING INDUSTRIAL POLICY

**ACCIDENTAL DEATH BENEFIT**—Upon receipt at our Home Office of due proof that your death, prior to your 65th birthday, resulted from bodily injuries effected solely through external and accidental means and independently of all other causes and within 90 days from the date of such injuries while this policy was in full force and effect, we will, subject to the exclusions below, pay to your beneficiary an additional death benefit of \$100 (or an additional death benefit of \$50 in the event your accidental death occurs prior to your first birthday).

**Exceptions**—No benefit for accidental death will be payable: (1) if death occurs while this policy is being continued in force as extended insurance; (2) if the injury or death is caused or contributed to by (a) self-destruction, whether sane or insane, (b) any disease, illness, or infirmity, (c) medical or surgical treatment, (d) participation in an assault or felony, (e) operating or riding in or descending from any kind of aircraft of which you were the pilot, officer, or member of the crew, or in which you were giving or receiving training or instruction or had any duties, or (f) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

**LOSS OF EYESIGHT OR LIMBS**—Upon receipt at our Home Office of due proof of the loss of your eyesight or the loss of two or more of your limbs, prior to your 65th birthday, we will endorse this policy to waive all future premiums as they become due. Loss of eyesight means the total and permanent loss of sight of both eyes. Loss of a limb means the loss of a hand or foot by severance. The insurance against loss of eyesight or limbs is subject to the following conditions and exceptions:

**Conditions**—(a) The loss must be caused solely by disease contracted or injuries sustained after the date of issue, and (b) due proof of the loss must be presented to us within two years from the date of the loss.

**Exceptions**—No insurance is provided against any loss of eyesight or limb which occurs while this policy is being continued in force as extended insurance or which results from (a) intentionally inflicted injury, whether sane or insane, or (b) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

**RESERVE BASIS**—The basis of reserves for this policy is the Commissioners 1961 Standard Industrial Mortality Table, Commissioners Reserve Valuation Method, with interest at 3½% per year. The amount on which the reserve is maintained and computed under this policy is 50% of the retail value stated in this policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 50% of such retail value.

**NONFORFEITURE BENEFITS**—The two following paragraphs provide for extended insurance and cash values after premiums have been paid for the periods shown. These benefits are computed by the Standard Nonforfeiture Value Method using the Commissioners 1961 Standard Industrial Mortality Table with interest at 3½% per year, except that extended term benefits are calculated on the Commissioners 1961 Industrial Extended Term Table with interest at 3½% per year. The benefits shown are those available after premiums have been paid for the exact periods shown if there is no indebtedness against this policy. The actual calculation of any benefit will take into account the payment of premiums for a portion of a year beyond the exact number of years shown. Benefits for years after those shown will be furnished upon request.

**EXTENDED INSURANCE**—If this policy should lapse after premiums have been paid for the period of time shown, and has not been surrendered for its Cash Value, the insurance on your life will be continued without further premium payments for the number of years and months shown in the table below. The extended insurance will begin on the date the first unpaid premium was due.

#### TERMS OF EXTENDED INSURANCE FOR EACH AGE AT ISSUE

Age Last Birthday at Date of Issue	PREMIUMS PAID FOR												Age Last Birthday at Date of Issue
	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	
0	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0
1	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1
2	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	2
3	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	3
4	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	4
5	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	5
6	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	6
7	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7
8	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	8
9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	9
10	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	10
11	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	11
12	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	12
13	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	13
14	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	14
15	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	15
16	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	16
17	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	17
18	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	18
19	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	19
20	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	20
21	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	21
22	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	22
23	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	23
24	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	24
25	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	25
26	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	26
27	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	27
28	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	28
29	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	29
30	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	30
31	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	31
32	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	32
33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	33
34	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	34
35	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	35
36	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	36
37	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	37
38	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	38
39	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	39
40	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	40
41	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	41
42	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	42
43	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	43
44	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	44
45	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	45
46	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	46
47	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	47
48	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	48
49	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	49
50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	50
51	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	51
52	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	52
53	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	53
54	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	54
55	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	55
56	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	56
57	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	57
58	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	58
59	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	59
60	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	60
61	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	61
62	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	62
63	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	63
64	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	64
65	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	65



**CASH VALUE**—After premiums have been paid for three years this policy will have a cash value. You may receive this value by making written application for it and surrendering this policy to us for cancellation. If this is done while no premium is more than 13 weeks past due, the cash value will be the amount shown in the table below. Otherwise it will be the net single premium for the remaining unexpired extended insurance. We reserve the right to defer payment of the cash value for a period of six months.

CASH VALUES FOR EACH AGE AT ISSUE

Age Last Birthday at Date of Issue	PREMIUMS PAID FOR											Age Last Birthday at Date of Issue
	1 YEARS	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS		
0	1	4	6	9	12	15	18	21	24	27	0	
1	1	4	6	9	12	15	18	21	24	27	1	
2	1	4	6	9	12	15	18	21	24	27	2	
3	1	4	6	9	12	15	18	21	24	27	3	
4	1	4	6	9	12	15	18	21	24	27	4	
5	1	4	6	9	12	15	18	21	24	27	5	
6	1	4	6	9	12	15	18	21	24	27	6	
7	1	4	6	9	12	15	18	21	24	27	7	
8	1	4	6	9	12	15	18	21	24	27	8	
9	1	4	6	9	12	15	18	21	24	27	9	
10	1	4	6	9	12	15	18	21	24	27	10	
11	1	4	6	9	12	15	18	21	24	27	11	
12	1	4	6	9	12	15	18	21	24	27	12	
13	1	4	6	9	12	15	18	21	24	27	13	
14	1	4	6	9	12	15	18	21	24	27	14	
15	1	4	6	9	12	15	18	21	24	27	15	
16	1	4	6	9	12	15	18	21	24	27	16	
17	1	4	6	9	12	15	18	21	24	27	17	
18	1	4	6	9	12	15	18	21	24	27	18	
19	1	4	6	9	12	15	18	21	24	27	19	
20	1	4	6	9	12	15	18	21	24	27	20	
21	1	4	6	9	12	15	18	21	24	27	21	
22	1	4	6	9	12	15	18	21	24	27	22	
23	1	4	6	9	12	15	18	21	24	27	23	
24	1	4	6	9	12	15	18	21	24	27	24	
25	1	4	6	9	12	15	18	21	24	27	25	
26	1	4	6	9	12	15	18	21	24	27	26	
27	1	4	6	9	12	15	18	21	24	27	27	
28	1	4	6	9	12	15	18	21	24	27	28	
29	1	4	6	9	12	15	18	21	24	27	29	
30	1	4	6	9	12	15	18	21	24	27	30	
31	1	4	6	9	12	15	18	21	24	27	31	
32	1	4	6	9	12	15	18	21	24	27	32	
33	1	4	6	9	12	15	18	21	24	27	33	
34	1	4	6	9	12	15	18	21	24	27	34	
35	1	4	6	9	12	15	18	21	24	27	35	
36	1	4	6	9	12	15	18	21	24	27	36	
37	1	4	6	9	12	15	18	21	24	27	37	
38	1	4	6	9	12	15	18	21	24	27	38	
39	1	4	6	9	12	15	18	21	24	27	39	
40	1	4	6	9	12	15	18	21	24	27	40	
41	1	4	6	9	12	15	18	21	24	27	41	
42	1	4	6	9	12	15	18	21	24	27	42	
43	1	4	6	9	12	15	18	21	24	27	43	
44	1	4	6	9	12	15	18	21	24	27	44	
45	1	4	6	9	12	15	18	21	24	27	45	
46	1	4	6	9	12	15	18	21	24	27	46	
47	1	4	6	9	12	15	18	21	24	27	47	
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55	1	4	6	9	12	15	18	21	24	27	55	
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57	1	4	6	9	12	15	18	21	24	27	57	
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59	1	4	6	9	12	15	18	21	24	27	59	
60	1	4	6	9	12	15	18	21	24	27	60	
61	1	4	6	9	12	15	18	21	24	27	61	
62	1	4	6	9	12	15	18	21	24	27	62	
63	1	4	6	9	12	15	18	21	24	27	63	
64	1	4	6	9	12	15	18	21	24	27	64	
65	1	4	6	9	12	15	18	21	24	27	65	
66	1	4	6	9	12	15	18	21	24	27	66	
67	1	4	6	9	12	15	18	21	24	27	67	
68	1	4	6	9	12	15	18	21	24	27	68	
69	1	4	6	9	12	15	18	21	24	27	69	
70	1	4	6	9	12	15	18	21	24	27	70	
71	1	4	6	9	12	15	18	21	24	27	71	
72	1	4	6	9	12	15	18	21	24	27	72	
73	1	4	6	9	12	15	18	21	24	27	73	
74	1	4	6	9	12	15	18	21	24	27	74	
75	1	4	6	9	12	15	18	21	24	27	75	
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77	1	4	6	9	12	15	18	21	24	27	77	
78	1	4	6	9	12	15	18	21	24	27	78	
79	1	4	6	9	12	15	18	21	24	27	79	
80	1	4	6	9	12	15	18	21	24	27	80	
81	1	4	6	9	12	15	18	21	24	27	81	
82	1	4	6	9	12	15	18	21	24	27	82	
83	1	4	6	9	12	15	18	21	24	27	83	
84	1	4	6	9	12	15	18	21	24	27	84	
85	1	4	6	9	12	15	18	21	24	27	85	
86	1	4	6	9	12	15	18	21	24	27	86	
87	1	4	6	9	12	15	18	21	24	27	87	
88	1	4	6	9	12	15	18	21	24	27	88	
89	1	4	6	9	12	15	18	21	24	27	89	
90	1	4	6	9	12	15	18	21	24	27	90	
91	1	4	6	9	12	15	18	21	24	27	91	
92	1	4	6	9	12	15	18	21	24	27	92	
93	1	4	6	9	12	15	18	21	24	27	93	
94	1	4	6	9	12	15	18	21	24	27	94	
95	1	4	6	9	12	15	18	21	24	27	95	
96	1	4	6	9	12	15	18	21	24	27	96	
97	1	4	6	9	12	15	18	21	24	27	97	
98	1	4	6	9	12	15	18	21	24	27	98	
99	1	4	6	9	12	15	18	21	24	27	99	
100	1	4	6	9	12	15	18	21	24	27	100	

**BENEFICIARY**—The beneficiary of this policy is named in the schedule on Page 4. The beneficiary may be changed at any time by giving us written notice of the desired change and evidence satisfactory to us that the proposed beneficiary has an insurable interest in your life. No change will be effective until we have endorsed it on this policy.

**REINSTATEMENT**—If this policy should lapse, you may reinstate it at any time within three years provided you have not surrendered it for its cash value. In order to do this you must pay all past due premiums and furnish evidence satisfactory to us that you are insurable. If this policy should be reinstated after having lapsed, no benefit will be payable for any loss which occurred while the policy was not in force.

**WAR OR NATIONAL EMERGENCY**—If during time of war or other national emergency, the United States Government restricts or allocates the use of steel and it consequently becomes impracticable for the Company to furnish the metal casket provided by combining this policy with another policy providing for a funeral of the retail value of \$250 or \$300, the Company will furnish, in lieu thereof, such other casket of comparable retail value as the beneficiary or other person having proper authority, may select from the stock of an authorized funeral director of the Company.

**ASSIGNMENT**—You may not assign this policy or any of its benefits.

**POLICY CONTROL**—If you are over 18 years of age, you have the entire ownership and control of this policy. If you are under 18 years of age, the entire ownership and control of this policy shall be vested in the beneficiary named herein from time to time until you reach your 18th birthday. If the beneficiary having ownership and control of this policy should die before you, then the ownership and control of the policy, if you are under 18 years of age, shall be vested in your surviving parent or your legal guardian or in any adult person having custody and control of you as may be reasonably determined by us. Ownership and control of this policy includes the right to change the beneficiary and to exercise all other privileges provided in this policy.

**MEANING OF PRONOUNS**—Unless clearly contrary to the context, wherever used in this policy, the words "We," "Our" or "Company" shall mean Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company; and "You" or "Your" shall mean the Insured named in the schedule on Page 4.

**ENTIRE CONTRACT**—This policy is the entire contract between us. None of its provisions may be waived or changed except by written endorsement on this policy signed by the President, a Vice-President, an Assistant Vice-President, the Secretary, or an Assistant Secretary of the Company.

Signed at Birmingham, Alabama, by the President and Secretary of Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, as of the date of issue shown in the schedule on Page 4.

*J. L. Burleson*  
SECRETARY

*[Signature]*  
PRESIDENT

**K**

DEC 28 1999 11:25AM

FELS JIMMERSON

P.19/19

# LIBERTY NATIONAL LIFE INSURANCE COMPANY

BIRMINGHAM, ALABAMA

## ACCIDENT POLICY

BENEFIT FOR DEATH BY ACCIDENTAL MEANS

BENEFIT FOR DEATH BY AUTOMOBILE  
ACCIDENT

BENEFIT FOR DEATH BY TRAVEL ACCIDENT

PREMIUMS PAYABLE UNTIL POLICY  
ANNIVERSARY IMMEDIATELY PRECEDING  
INSURED'S 70TH BIRTHDAY

THIS POLICY IS NONCANCELLABLE AND  
GUARANTEED RENEWABLE UNTIL THE  
POLICY ANNIVERSARY IMMEDIATELY  
PRECEDING INSURED'S 70TH  
BIRTHDAY

NONPARTICIPATING INDUSTRIAL POLICY

4-67

POLICY NUMBER		NAME OF INSURED		DATE OF BIRTH		SEX	
DATE OF ISSUE		AGE		PREMIUM		AMOUNT OF INSURANCE	
MONTH		DAY		YEAR		LAST PREMIUM PAYABLE	
AGENCY		DISTRICT		CITY		STATE	

Amount of Insurance benefits shown on page one

IN THE UNITED STATES DISTRICT COURT  
IN AND FOR THE NORTHERN DISTRICT OF ALABAMA  
SOUTHERN DIVISION

ELLEN GAYLE MOORE, FANNIE )  
McCONNELL, SPENCER WILLIAMS, )  
and ANITA BOWERS, on Behalf of )  
themselves and all Others Similarly )  
Situating, )

Plaintiff, )

vs. )

LIBERTY NATIONAL INSURANCE )  
COMPANY, )

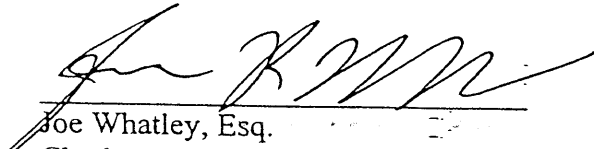
Defendant. )  
\_\_\_\_\_ )

Civ.No.:

CLASS ACTION

REQUEST FOR SERVICE BY  
CERTIFIED MAIL

Please serve the defendants Liberty National Insurance Company, by certified mail pursuant to Alabama Rules of Civil Procedure 4.1 and Federal Rules of Civil Procedure 4(c)(2)(C)(i).

  
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